UNITED STATES DISTRICT COURT

| | for the | | | | |
|---|--|--|--|--|--|
| | District of Maryland | | | | |
| JASON ALFORD, et al. |))) | | | | |
| Plaintiff(s) v. THE NFL PLAYER DISABILITY & SURVIVOR BENEFIT PLAN, et al. |) Civil Action No. 1:23-cv-00358 () () () () () () () () () () () () () | | | | |
| Defendant(s) |) | | | | |
| SUMMONS IN A CIVIL ACTION | | | | | |
| | | | | | |

To: (Defendant's name and address) ROBERT SMITH c/o Disability Boa

Date: 02/10/2023

ROBERT SMITH c/o Disability Board 200 Saint Paul St., Ste. 2420 Baltimore, MD 21202

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Jason S. Rathod 412 H Street, N.E. Suite 302 Washington, DC 20002

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Signature of Cle

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

| was re | ceived by me on (date) | · | | | | |
|--------|--|------------------------------------|---------------------------------|------|--|--|
| | ☐ I personally served | the summons on the individual | at (place) | | | |
| | | | on (date) | | | |
| | ☐ I left the summons at the individual's residence or usual place of abode with (name) | | | | | |
| | on (date), a person of suitable age and discretion who resides there, on (date), and mailed a copy to the individual's last known address; or | | | | | |
| | | | | | | |
| | ☐ I served the summons on (name of individual), wh | | | | | |
| | designated by law to accept service of process on behalf of (name of organization) | | | | | |
| | | | on (date) | ; or | | |
| | ☐ I returned the summ | nons unexecuted because | | ; or | | |
| | ☐ Other (specify): | | | | | |
| | My fees are \$ | for travel and \$ | for services, for a total of \$ | 0.00 | | |
| | I declare under penalty | y of perjury that this information | n is true. | | | |
| Date: | | | | | | |
| Dute. | | | Server's signature | | | |
| | | | Printed name and title | | | |
| | | | Server's address | | | |

Additional information regarding attempted service, etc: